

CLAIMFORMACCIDENT INSURANCE

Instruction

Name of company:

Policy number:

- Please ensure this form is completed in all parts applicable to your claim. Failure to do so may delay the processing of your claim.
- Send the form to: AIG Europe, Netherlands, Attn: Claims Department, P.O. box 8606, 3009 AP ROTTERDAM / THE NETHERLANDS. Or by email: claims.nl@aig.com
- In case of a fatal accident, please contact AIG Europe, Netherlands as soon as possible.

Information of claimant	
Initials:	
Last name:	
Date of birth:	
Address:	
Zip code:	
City/town:	
Email address:	
Telephone:	
Bank account number:	
Iban code:	
Bic code:	
Tax and social insurance number:	
Instruction	
Date of accident:	
Time	am/pm
Place (street name if possible) where the accident took place:	



Description

When was first-aid given and by whom?	
Please describe the facts and circumstances involved (if necessary, please supply a diagram of the situation and/or an explanation on a separate sheet)	

Medical information

Medical information	
State as fully as possible what injuries you have suffered or the nature of your sickness?	
Is there a risk of permanent disability?	Yes No No
Have you been confined to hospital?	Yes No
If yes, during which period?	From to (inclusive)
If applicable, were any personal possessions lost as the result of admission to the hospital? If so, what?	Yes No
Are you still receiving regular medical treatments or examinations? If so, specify name of doctor(s) and specialties	Yes No
Expected duration of the treatment? (estimated)	



Space for further explanations:
Declaration
The undersigned hereby declares that he/she has answered the questions to the best of his/her
knowledge, correctly and truthfully and has not withheld any particulars relating to this
claim.
Signature
At Date
Signature of policyholder:



Personal Data

Your personal data (hereinafter the 'data') will be collected and processed by AIG Europe, Netherlands, located at the address above (hereinafter 'AIG') in accordance with the Code of Conduct for the processing of personal data by financial institutions ('Code of Conduct'). AIG is the controller responsible for the processing of these data and the processing is notified to the Personal Data Protection Commission. The data will be processed for the purpose of the use of the services provided by AIG, including risk assessment, contract management, claims handling and crime prevention (such as fraud) as well as to allow AIG to fulfill its legal obligations. In connection with AIG's activities and for the purpose of good service, AIG may transfer these data to other companies of the group of companies it belongs to, to subcontractors or to partners. These companies, subcontractors or partners may be located in countries outside the European Economic Area that do not necessarily offer the same level of protection as The Netherlands. With regard to these transfers, AIG will take precautionary measures to ensure the protection of data in these countries as well as possible. According to the Code of Conduct, you are entitled to access, amend or oppose (for a reasonable cause) to the processing of data related to you. To exercise these rights, you can contact AIG at any time in writing at the address above. For further information on the mechanisms for processing your data by AIG, you will find AIG's complete Global Privacy policy on http://www.aig.com/nl-privacybeleid.

CIS Foundation

In order to ensure a responsible acceptance, risk and fraud policy we may check your (personal) data and have it recorded in the CIS Foundation, Bordewijklaan 2, 2591 XR The Hague, PO Box 124, 3700 AC Zeist. The purpose of processing personal data in CIS is to detect the abuse of financial products and services of insurers, preventing, combating and controlling risks to the fullest extent. For more information, see www.stichtingcis.nl.